

Amendments to the Claims:

This listing of claims will replace all prior versions, and listings of claims in the application:

Listing of Claims:

1-55. (Canceled)

56. (Previously Presented) A method of treating a patient having Alzheimer's disease, comprising administering to the patient an effective dosage of a pharmaceutical composition comprising a human, chimeric or humanized antibody that specifically binds to an epitope within residues 13-28 of A β and a pharmaceutical carrier, and thereby treat the disease in the patient.

57. (Previously Presented) The method of claim 56, wherein the humanized antibody is a humanized version of the monoclonal antibody 266 (ATCC accession number PTA-6123).

58. (Previously Presented) The method of claim 56, wherein the antibody competes with the monoclonal antibody designated as 266 (ATCC accession number PTA-6123) for binding to A β .

59-60. (Canceled)

61. (Previously Presented) The method of claim 56, wherein the patient is a human.

62. (Canceled)

63. (Previously Presented) The method of claim 56, wherein the patient is under 50.

64. (Previously Presented) The method of claim 56, wherein the patient has inherited risk factors indicating susceptibility to Alzheimer's disease.

65. (Previously Presented) The method of claim 56, wherein the patient has no known risk factors for Alzheimer's disease.

66. (Previously Presented) The method of claim 56, wherein the antibody is a fragment of an intact antibody that competes with the intact antibody for specific binding to A β , and the antibody fragment is selected from the group consisting of Fab, Fab', F(ab')₂, Fabc, and Fv.

67-70. (Canceled)

71. (Previously Presented) The method of claim 56, wherein the antibody is a humanized antibody.

72. (Previously Presented) The method of claim 71, wherein the humanized antibody is an antibody fragment.

73. (Previously Presented) The method of claim 66, wherein the antibody is a humanized antibody.

74. (Previously Presented) The method of claim 56, wherein the antibody is a chimeric antibody.

75. (Previously Presented) The method of claim 74, wherein the chimeric antibody is an antibody fragment.

76. (Previously Presented) The method of claim 66, wherein the antibody is a chimeric antibody.

77. (Previously Presented) The method of claim 56, wherein the antibody is a bispecific antibody.

78. (Previously Presented) The method of claim 77, wherein the bispecific antibody is an antibody fragment.

79. (Previously Presented) The method of claim 66, wherein the antibody is a bispecific antibody.

80. (Canceled)

81. (Previously Presented) The method of claim 56, wherein the antibody is a polyclonal antibody.

82-84. (Canceled)

85. (Previously Presented) The method of claim 56, wherein the isotype of the antibody is IgG1.

86. (Previously Presented) The method of claim 56, wherein a chain of the antibody is fused to a heterologous polypeptide.

87-91. (Canceled)

92. (Previously Presented) The method of claim 56, wherein the pharmaceutical composition is administered intraperitoneally, orally, subcutaneously, intramuscularly, topically or intravenously.

93. (Previously Presented) The method of claim 56, wherein the pharmaceutical composition is administered in multiple dosages over a period of at least six months.

94. (Previously Presented) The method of claim 56, wherein the pharmaceutical composition is administered as a sustained release composition.

95-96. (Canceled)

97. (Previously Presented) A pharmaceutical composition comprising a human or humanized antibody which specifically binds to an epitope within residues 13-28 of A β and a pharmaceutical carrier.

98. (Canceled)

99. (Previously Presented) The pharmaceutical composition of claim 97, wherein the humanized antibody is a humanized version of the monoclonal antibody 266 (ATCC accession number PTA-6123).

100-163. (Canceled)

164. (Previously Presented) The pharmaceutical composition of claim 97, which is a sustained release composition.

165. (Previously Presented) The pharmaceutical composition of claim 97, further comprising a physiologically acceptable diluent.

166. (Previously Presented) The pharmaceutical composition of claim 165 wherein the diluent is selected from the group consisting of distilled water, physiological phosphate-buffered saline, Ringer's solution, dextrose solution, and Hank's solution.

167. (Previously Presented) The pharmaceutical composition of claim 166, wherein the diluent is physiological phosphate-buffered saline.

168. (Previously Presented) The pharmaceutical composition of claim 166, wherein the diluent is dextrose solution.

169. (Previously Presented) The pharmaceutical composition of claim 97, further comprising a macromolecule.

170. (Previously Presented) The pharmaceutical composition of claim 169, wherein the macromolecule is selected from the group consisting of proteins, polysaccharides, polylactic acids, polyglycolic acids, copolymers, polymeric amino acids, amino acid copolymers, and lipid aggregates.

171. (Previously Presented) The pharmaceutical composition of claim 97, wherein the composition is suitable for parenteral administration.

172. (Previously Presented) The pharmaceutical composition of claim 97, wherein the carrier is a liquid carrier.

173. (Previously Presented) The pharmaceutical composition of claim 172, wherein the liquid carrier is selected from the group consisting of water, oil, saline, glycerol, and ethanol.

174. (Previously Presented) The pharmaceutical composition of claim 172, wherein the liquid carrier is propylene glycol.

175. (Previously Presented) The pharmaceutical composition of claim 172, wherein the liquid carrier is polyethylene glycol.

176. (Previously Presented) The pharmaceutical composition of claim 97, further comprising a wetting agent.

177. (Previously Presented) The pharmaceutical composition of claim 97, further comprising an emulsifying agent.

178. (Previously Presented) The pharmaceutical composition of claim 97, further comprising a surfactant.

179. (Previously Presented) The pharmaceutical composition of claim 97, further comprising a pH buffering substance.

180. (Previously Presented) The pharmaceutical composition of claim 97, wherein the pharmaceutical composition is a liquid solution.

181. (Previously Presented) The pharmaceutical composition of claim 97, wherein the pharmaceutical composition is a suspension.

182. (Previously Presented) The pharmaceutical composition of claim 97, which is a solid form suitable for solution in a liquid vehicle.

183. (Previously Presented) A method of reducing risk or delaying onset of Alzheimer's disease in a patient at risk of the disease, comprising administering to the patient an effective dosage of a pharmaceutical composition comprising a human, chimeric or humanized antibody that specifically binds to an epitope within residues 13-28 of A β and a pharmaceutical carrier and thereby reduce the risk or delay the onset of the disease in the patient.

184. (Previously Presented) The method of claim 183, wherein the humanized antibody is a humanized version of the monoclonal antibody 266 (ATCC accession number PTA-6123).

185. (Previously Presented) The method of claim 183, wherein the antibody competes with the monoclonal antibody designated as 266 (ATCC accession number PTA-6123) for binding to A β .

186. (Previously Presented) The method of claim 183, wherein the patient is a human.

187. (Previously Presented) The method of claim 183, wherein the patient is asymptomatic.

188. (Previously Presented) The method of claim 183, wherein the patient is under 50.

189. (Previously Presented) The method of claim 183, wherein the patient has inherited risk factors indicating susceptibility to Alzheimer's disease.

190. (Previously Presented) The method of claim 183, wherein the patient has no known risk factors for Alzheimer's disease.

191. (Previously Presented) The method of claim 183, wherein the antibody is a fragment of an intact antibody that competes with the intact antibody for specific binding to A β , and the antibody fragment is selected from the group consisting of Fab, Fab', F(ab'), Fabc, and Fv.

192-193. (Canceled)

194. (Previously Presented) The method of claim 183, wherein the antibody is a humanized antibody.

195. (Previously Presented) The method of claim 183, wherein the humanized antibody is an antibody fragment.

196. (Previously Presented) The method of claim 191, wherein the antibody is a humanized antibody.

197. (Previously Presented) The method of claim 183, wherein the antibody is a chimeric antibody.

198. (Previously Presented) The method of claim 197, wherein the chimeric antibody is an antibody fragment.

199. (Previously Presented) The method of claim 191, wherein the antibody is a chimeric antibody.

200. (Previously Presented) The method of claim 183, wherein the antibody is a bispecific antibody.

201. (Previously Presented) The method of claim 200, wherein the bispecific antibody is an antibody fragment.

202. (Previously Presented) The method of claim 191, wherein the antibody is a bispecific antibody.

203. (Previously Presented) The method of claim 183, wherein the antibody is a polyclonal antibody.

204. (Previously Presented) The method of claim 183, wherein the isotype of the antibody is IgG1.

205. (Previously Presented) The method of claim 183, wherein a chain of the antibody is fused to a heterologous polypeptide.

206. (Canceled)

207. (Previously Presented) The method of claim 183, wherein the pharmaceutical composition is administered intraperitoneally, orally, subcutaneously, intramuscularly, topically or intravenously.

208. (Previously Presented) The method of claim 183, wherein the pharmaceutical composition is administered in multiple dosages over a period of at least six months.

209. (Previously Presented) The method of claim 183, wherein the pharmaceutical composition is administered as a sustained release composition.

210. (Previously Presented) The method of claim 56, wherein the antibody is administered on multiple occasions determined by when the level of antibody has declined to a baseline concentration before treatment or a predetermined percentage of a peak concentration less baseline concentration.

211. (Previously Presented) The method of claim 183, wherein the antibody is administered on multiple occasions determined by when the level of antibody has declined to a baseline concentration before treatment or a predetermined percentage of a peak concentration less baseline concentration.

212. (Previously Presented) The method of claim 56, where the antibody is administered on multiple occasions wherein the intervals are between weekly and every six months.

213. (Previously Presented) The method of claim 183, where the antibody is administered on multiple occasions wherein the intervals are between weekly and every six months.

214. (Currently amended) The method of claim 56, where the antibody is administered on multiple occasions wherein the intervals are weekly, once per every two weeks, monthly or between three and six months.

215. (Currently amended) The method of claim 183, wherein the antibody is administered on multiple occasions and the intervals are weekly, once per every two weeks, monthly or between three and six months.

216. (Previously Presented) The method of claim 56, wherein the antibody is administered on multiple occasions wherein the dose and frequency of administration are determined from the half-life of the antibody.

217. (Previously Presented) The method of claim 183, wherein the antibody is administered on multiple occasions wherein the dose and frequency of administration are determined from the half-life of the antibody.